

Durand Foundation Donation Form



Enclosed is my gift of: ___ \$1000 ___ \$500 ___ \$250 ___ \$100 ___ \$50 ___ Other

Note: Checks should be make payable to **The Durand Foundation**.

Please charge my credit card ___ Visa ___ MasterCard

Name (as it appears on the card) _____

Account # _____ Exp. Date: _____

This gift is given ___ in honor of ___ in appreciation of ___ in memory of ___ in celebration of

Individual's name and or occasion: _____

Please mail to:

The Durand Foundation
111 Gaither Drive
Suite 101
Mount Laurel, NJ 08054

Thank you for your support.